

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90034 024 ***150.00

DOCUMENT # P94000038581

1. Entity Name
INTERNATIONAL RESTAURANT SERVICES, CORP.

Principal Place of Business LAKE WASHINGTON RD MELBOURNE FL 32935	Mailing Address 3208 LAKE WASHINGTON RD MELBOURNE FL 32934-7620 US
--	--

2. Principal Place of Business 5655 SHEFFIELD PLACE Suite, Apt. #, etc.	3. Mailing Address 5655 SHEFFIELD PLACE Suite, Apt. #, etc.
--	--


City & State MELBOURNE, FL.	City & State MELBOURNE, FL.
Zip 32940	Country U.S.A.

4. FEI Number 59-3247864	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**PINERO, ANTONIO
 3208 LAKE WASHINGTON RD
 MELBOURNE FL 32935**

7. Name and Address of New Registered Agent
 Name
PINERO, ANTONIO
 Street Address (P.O. Box Number is Not Acceptable)
5655 SHEFFIELD PLACE
 City
MELBOURNE **FL** Zip Code
32940

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **ANTONIO PINERO** **5-18-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINERO, ANTONIO 2854 SARAZEN CT MELBOURNE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PINERO, ANTONIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5655 SHEFFIELD PLACE MELBOURNE, FL. 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINERO, ENCARNACION 2854 SARAZEN CT MELBOURNE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PINERO, ENCARNACION <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5655 SHEFFIELD PLACE MELBOURNE, FL. 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ANTONIO PINERO** **5-18-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)